ILLINOIS DEPARTMENT OF NATURAL RESOURCES
OFFICE OF OIL AND GAS RESOURCE MANAGEMENT
ONE NATURAL RESOURCES WAY
SPRINGFIELD, ILLINOIS 62702-1271
(217) 782-7756

OG-16A APPLICATION FOR LIQUID OILFIELD WASTE TANK PERMIT

_____
NAME OF APPLICANT (must be same as on system permit)

_____
ADDRESS

THIS IS A: ☐ NEW TANK ☐ RENEWAL _____

_____ _____
SYSTEM PERMIT NUMBER COUNTY

TANK PERMIT FEE - $100.00 PER TANK VALID 2 YEARS FROM DATE OF ISSUANCE

TANK ID# **(model, manufactures, serial)**	**TANK CAPACITY** **(bbls)**	**TANK DESCRIPTION** **describe construction materials of tank & equipment valves, etc.**	**DEPT USE** **Pass or Fail**

(IF ADDITIONAL SPACE IS NEEDED, USE REVERSE SIDE OF FORM)

I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE; AND THAT THE REMOVAL, TRANSPORTATION, DISPOSAL, AND STORAGE OR TREATMENT OF LIQUID OILFIELD WASTE WILL BE IN COMPLIANCE WITH THE 62 ILLINOIS ADMINISTRATIVE CODE SECTION 240.940.

_____ _____
SIGNATURE OF SYSTEM PERMITTEE TITLE DATE

DEPARTMENT USE:

TANK / EQUIPMENT INSPECTION:

ALL EQUIPMENT LISTED HAS BEEN INSPECTED AND IS IN COMPLIANCE.

FIELD APPROVAL _____ _____
Inspectors signature Date

This State agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Compiled Stat. Ch. 225, 725 et. seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.